

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		
	IND	DEP	IND	DEP	IND	DEP	
1							51
2		1					52
3		1					53
4		1					54
5		1					55
6		1					56
7		1					57
8		1					58
9		1					59
10		1					60
11		1					61
12		1					62
13		1					63
14		1					64
15		1					65
16		1					66
17		1					67
18		1					68
19							69
20							70
21							71
22							72
23							73
24							74
25							75
26							76
27							77
28							78
29							79
30							80
31							81
32							82
33							83
34							84
35							85
36							86
37							87
38							88
39							89
40							90
41							91
42							92
43							93
44							94
45							95
46							96
47							97
48							98
49							99
50		1					100
TOTAL IND.	7						TOTAL IND.
TOTAL DEP.	69						TOTAL DEP.
TOTAL CLAIMS	76						TOTAL CLAIMS